

Abstract 532

TITLE: An Assessment of the Counseling and Programmatic Implications of Repeat HIV Testing

AUTHORS: Fisher, JA (University of Connecticut, Storrs, CT); Spurlock-McLendon, JL; DelGado, BP; Melchreit, RL (Connecticut Department of Public Health, Hartford, CT)

ISSUE: Repeat testing is a common event at HIV counseling and testing sites (CTS). Studies in the literature indicate that the proportion of tested clients that have been tested before ranges from 25 to 66%. Sixty-five percent of clients tested during 1998 in Connecticut's publicly funded HIV counseling and testing system report that they had been tested previously. Because resources are limited and because the repeat testing might indicate a deficiency in our current HIV counseling and testing system, we felt that an assessment of the reasons clients repeatedly test is important.

SETTINGS: HIV CTS in various settings (e.g., local health department primary HIV CTS, STD clinics, correction, medical clinics).

PROJECT: Two focus groups were held with a total of 15 HIV counselors. The counselors were selected to represent a diversity of testing locations, counseling styles, and ability. The focus groups were facilitated by a research psychologist expert in HIV prevention. The counselors were asked about their experiences and perceptions of repeat testers. They were asked about why people repeat test, what characteristics repeat testers have, whether they view certain types of repeat testers as appropriate and others as inappropriate, and what interventions might be useful for appropriate and for inappropriate retesters. A comprehensive literature review on the subject was also done.

RESULTS: The HIV counselors generally viewed repeat testing as a positive event, or at least as something not to be discouraged. The additional contact was seen as an opportunity for behavior change intervention, and they did not believe that behavior change solely from the standard pre-and post-test counseling protocol was generally likely. They also identified referral of the client to other resources as another benefit of the additional contact. We also completed an extensive review of the literature on repeat testing. These two sources of information indicate that approximately 13% of repeat testers are clearly inappropriate because their testing is driven by psychological issues distinct from HIV risk, in other words, they are the neurotic "worried well." Moreover, it appears other repeat testers are inappropriate because they lack knowledge or are misinformed (e.g., they believe the CDC recommends regular retesting for all clients) or they are testing primarily for social support. The remainder, the vast majority of repeat testers, are individuals who have engaged in long-term high-risk behavior that is refractory to change with the standard HIV counseling and testing intervention.

LESSONS LEARNED: HIV repeat testing behavior has multiple determinants and therefore requires specific assessment and intervention. HIV counseling and testing protocols should be modified to address this issue specifically. The protocols and training based on the protocols should equip HIV counselors to determine the client's reason(s) for repeat testing and to either classify the client as an inappropriate or appropriate repeat tester. Inappropriate testers will either be served best by health education interventions or by referral to mental health services and will not require retesting. Other retesters will be best served by enrollment in Prevention Case Management services. The remainder will require additional testing and supportive counseling.

PRESENTER CONTACT INFORMATION

Name: Jeffery Fisher, Ph.D.

Address: Dept. of Psychology, University of Connecticut
406 Babbidge Rd, U-20
Storrs, CT 06269-1020

Telephone: (860) 486-4940

Fax: (860) 486-4876

E-mail: JFISHER@Uconnvm.Uconn.edll